City of Durham Benefit Plans 9/1/2005-8/31/06 — **Attachment 2**

Total Replacement

Active Employees and In Area Retirees			**Active Employees and In Area Retirees**			**Out of Area Retirees ONLY**			**Out of Area Retirees ONLY**		
High Option POS			**Low Option HMO**			**High Option PPO**			**Low Option PPO**		
Gatekeeper Plans			**Gatekeeper Plans**								
	In-Network	**Out-of-Network**			**In-Network ONLY**		**In-Network**	**Out-of-Network**		**In-Network**	**Out-of-Network**
Calendar Year Deductible	None	$300 Individual $600 Family	**Calendar Year Deductible**		None	**Calendar Year Deductible**	None	$250 Individual $600 Family	**Calendar Year Deductible**	None	$250 Individual $600 Family
Out-of-Pocket Maximum*	$1000 Individual $2000 Family	$3000 Individual $6000 Family	**Out-of-Pocket Maximum***		$2000 Individual $4000 Family	**Out-of-Pocket Maximum***	$1000 Individual $2000 Family	$2000 Individual $4000 Family	**Out-of-Pocket Maximum***	$2000 Individual $4000 Family	$4000 Individual $8000 Family
Primary Care Physician Office Visit	$15 Copay - Copay waived once/year for wellness visit	Deductible +30% Preventive & Allergy not covered	**Primary Care Physician Office Visit**		$25 Copay-Copay waived once/year for wellness visit	**Primary Care Physician Office Visit**	$15 Copay-Copay waived once/year for wellness visit	Deductible +30%	**Primary Care Physician Office Visit**	$25 Copay-Copay waived once/year for wellness visit	Deductible +30%
Specialist Office	$30 copay	Deductible +30% Preventive & Allergy not covered	**Specialist Office**		$40 Copay	**Specialist Office**	$30 copay	Deductible + 30%	**Specialist Office**	$40 copay	Deductible +30%
Diagnostic X-Ray	No Charge	Deductible + 30%	**Diagnostic X-Ray**		No Charge	**Diagnostic X-Ray**	No Charge	Deductible + 30%	**Diagnostic X-Ray**	No Charge	Deductible + 30%
CAT, PET, Thallium Scans, MRI, MRA	$150 copay	Deductible + 30%	**CAT, PET, Thallium Scans, MRI, MRA**		$300/service	**CAT, PET, Thallium Scans, MRI, MRA**	$150 copay	Deductible + 30%	**CAT, PET, Thallium Scans, MRI, MRA**	$300/service	Deductible + 30%
Inpatient Hospital	$200 copay	Deductible + 30%	**Inpatient Hospital**		$500 copay	**Inpatient Hospital**	$200 copay	Deductible + 30%	**Inpatient Hospital**	$500 copay	Deductible + 30%
Outpatient Surgery	$200 copay	Deductible + 30%	**Outpatient Surgery**		$500 copay	**Outpatient Surgery**	$200 copay	Deductible + 30%	**Outpatient Surgery**	$500 copay	Deductible + 30%
Emergency Room	$125 copay waived if admitted	covered as in-network benefit	**Emergency Room**		$150 Copay waived if admitted	**Emergency Room**	$125 copay waived if admitted	covered as in-network benefit	**Emergency Room**	$150 copay waived if admitted	covered as in-network benefit
Urgent Care Center	$75 Copay	covered as in-network benefit	**Urgent Care Center**		$75 Copay	**Urgent Care Center**	$75 Copay	covered as in-network benefit	**Urgent Care Center**	$75 Copay	covered as in-network benefit
Maternity Care (Pre-Natal and Post-Natal)	One-time office visit copay	Deductible + 30%	**Maternity Care (Pre-Natal and Post-Natal)**		One-time office visit copay	**Maternity Care (Pre-Natal and Post-Natal)**	One-time office visit copay	Deductible + 30%	**Maternity Care (Pre-Natal and Post-Natal)**	One-time office visit copay	Deductible + 30%
Durable Medical Equipment / Prosthetic Devices ($5000 max per contract year)	No Charge	Deductible + 30%	**Durable Medical Equipment / Prosthetic Devices ($3500. max per contract year)**		20%	**Durable Medical Equipment / Prosthetic Devices ($5000. max per contract year)**	No Charge	Deductible + 30%	**Durable Medical Equipment / Prosthetic Devices ($3500. max per contract year)**	20%	Deductible + 30%
Vision	No Coverage	Not Covered	**Vision**		No Coverage	**Vision**	No Coverage		**Vision**	No Coverage	
Chiropractic	$20/20 visits contract year	Not Covered	**Chiropractic**		$20/20 visits contract year	**Chiropractic**	$20/20 visits contract year	Not Covered	**Chiropractic**	$20/20 visits contract year	Not Covered

In Area Employees and Retirees			In Area Employees and Retirees			Out of Area Retirees ONLY			Out of Area Retirees ONLY		
High Option POS			**Low Option HMO**			**High Option PPO**			**Low Option PPO**		
Gatekeeper Plans			**Gatekeeper Plans**								
PT/OT/ST(limited to 20 visits by therapeutic combined in & out-of-network)	$30 copay	Deductible + 30%	**PT/OT/ST(limited to 20 visits by therapeutic combined in & out-of-network)**		$40 Copay	**PT/OT/ST(limited to 20 visits by therapeutic combined in & out-of-network)**	$30 copay	Deductible + 30%	**PT/OT/ST(limited to 20 visits by therapeutic combined in & out-of-network)**	$40 Copay	Deductible +30%
Prescription	**31 day supply**	**93 day supply**	**Prescription**	**31 day supply**	**93 day supply**	**Prescription**	**31 day supply**	**93 day supply**	**Prescription**	**31 day supply**	**93 day supply**
Generic	$10	$20	**Generic**	$10	$20	**Generic**	$10	$20	**Generic**	$10	$20
Brand	$20	$40	**Brand**	$25	$50	**Brand**	$20	$40	**Brand**	$25	$50
Non-Formulary	$40	$80	**Non-Formulary**	$50	$100	**Non-Formulary**	$40	$80	**Non-Formulary**	$50	$100
Prescription Drug Ancillary Charge	see note below	see note below	**Prescription Drug Ancillary Charge**	see note below	see note below	**Prescription Drug Ancillary Charge**	see note below	see note below	**Prescription Drug Ancillary Charge**	see note below	see note below
Monthly Premiums		12 month	**Monthly Premiums**		12 month	**Monthly Premiums**		12 month	**Monthly Premiums**		12 month
Employee Only		$303.74	**Employee Only**		$272.82	**Employee Only**		$305.90	**Employee Only**		$274.89
Employee + One		$636.94	**Employee + One**		$566.19	**Employee + One**		$641.49	**Employee + One**		$570.52
Family		$1,040.91	**Family**		$917.75	**Family**		$1,048.35	**Family**		$924.78
Employee Premium			**Employee Premium**			**Employee Premium**			**Employee Premium**		
Employee Only			**Employee Only**			**Employee Only**			**Employee Only**		
Employee + One			**Employee + One**			**Employee + One**			**Employee + One**		
Family			**Family**			**Family**			**Family**		

*some restrictions. Refer to Plan Summary Document

Ancillary Charge: The difference between the WellPath Select, Inc. contracted price for the brand name drug and the maximum allowable cost for the generic drug.

This is applied when a brand name prescription drug is dispensed and an FDA-approved equivalent generic prescription drug is available.

Generic Drug/Formulary Generic: The active ingredients in generic (chemical name) medications are the same as in brand-name products.

The FDA regulates the production of generic drugs to assure that they provide the same benefit it patients as the original drug despite the lower cost.

Brand Drug/Formulary Brand: Brand name drugs are trade named drugs still under a patent and are only available by prescription.

Non Formulary Drugs: Drugs not listed on the generic or brand formulary list and require the highest copayment.

Quantity Limits and Prior Authorization: Some drugs have quantity limits and certain drugs require prior authorization. Refer to Plan Summary Document.